PTO/SB/22 (08-03)

Approved for use through 7/31/2006 MIB 661-0613

U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) PD030127		
In re Application of Tim NIGGEMEIER				
Customer No. 24498	Application Number 1058	1873 F	Filed June 5, 2006	
	For MEMORY CONTRO	For MEMORY CONTROLLER		
	Art Unit 2185 Exa	Art Unit 2185 Examiner Mark A. GIARDINO JR.		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):				
One month (37	One month (37 CFR 1.17(a)(1))		\$ 130_	
☐ Two months (37	Two months (37 CFR 1.17(a)(2))		\$	
☐ Three months (3	37 CFR 1.17(a)(3))	1.17(a)(3)) \$		
Four months (3	Four months (37 CFR 1.17(a)(4))		\$	
Five months (3)	Five months (37 CFR 1.17(a)(5)) \$		\$	
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.				
☑ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-0832</u> . I have enclosed a duplicate copy of this sheet. I am the ☐ applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
attorney or agent of record. Registration Number 42.804.				
attorney or agent under 37 CFR 1.34(a).				
Registration number if acting under 37 CFR 1.34(a)				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
111209		/Reit	seng Lin/	
Date			Signature	
(609) 734-6813			Reitseng Lin	
Telephone Numbe	•		Typed or printed name	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				

The collection of information required by 2 CFI 1.13(d). The information is required to obtain or retain a benefit by the paties which is to fit part by the paties which is the collection are entered to be one principle to complete, and of SFR 1.14 The benefits of the collection are part and submitting the completed application from to the USPTO. Time will vary depending upon the individual content of the part of the paties which is the manufal of time upon the individual content of the paties which is the manufal of time upon the individual content of the paties which is the manufal of time upon requires to complete this form and/or suggestions for reducing the burden, should be sent to the Chell formation Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA. 22311-450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO'C Commissions for Patients, P.O. Box 1450, Alexandria, VA. 22311-450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO'C Commissions for Patients, P.O. Box 1450, Alexandria, VA. 22311-450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO'C Commissions for Patients, P.O. Box 1450, Alexandria, VA. 22311-450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO'C Commissions for Patients, P.O. Box 1450, Alexandria, VA. 22311-450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO'C Commissions for Patients, P.O. Box 1450, Alexandria, VA. 22311-450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO COMPLETE TO PATIENT, P.O. Box 1450, Alexandria, VA. 22311-450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO COMPLETE TO THIS ADDRESS. SEND TO COMPLETE TO PATIENT TO THIS ADDRESS. SEND TO COMPLETE TO THIS ADDRESS. SEND TO THIS ADDRESS SEND TO THE TOTAL THE TOTAL THIS ADDRESS. SEND TO THIS ADDRESS SEND TO THE TOTAL THIS ADDRESS SEND TO THE TOTAL THIS ADDRESS. SEND TO THE TOTAL